


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004452</b>		
1. Entity Name <b>CASTING ALL YOUR CARES EVANGELISTIC TEAM, INC.</b>		
Principal Place of Business <b>2319 BROOM STREET JACKSONVILLE, FL 32208</b>	Mailing Address <b>2319 BROOM STREET JACKSONVILLE, FL 32208</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SEARLES, ANNIE 2319 BROOM STREET JACKSONVILLE, FL 32208</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE: _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARLES, JOHN 2319 BROOM STREET JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARLES, ANNIE 2319 BROOM STREET JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, NYOKA 8747 7TH AVENUE JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASSIE, JAMES 11150 ARISTIDES WAY JACKSONVILLE, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Nyoka Taylor</u> <u>Nyoka Taylor</u> <u>4-18-07</u> <u>H. 904-765-4949</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3343811</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

000000725002  
05/03/07-80005-006 61.25

**DO NOT WRITE  
IN THIS SPACE**